



Delaware Nutrient Management

2320 S. DuPont Highway
Dover, DE 19901
302-698-4500
302-697-6287 (Fax)

NUTRIENT MANAGEMENT PLANNING CLAIM FOR PAYMENT

*****FOR Approval USE*****

Form/Control Number _____
Claim for Payment is: _____
Approved _____ Disapproved _____
By _____ Date _____

1. Name/Farm Business: _____
Mailing Address: _____

Social Security #/E.I #: _____

(for tax reporting information)

2. Nutrient Consultant: _____ Cert.#: _____
Signature: _____ Date: _____

I hereby authorize the release of cost assistance funds for
nutrient management planning, soil testing, and manure testing services
provided as outlined below.

3. Watershed Identification (1-45) for farms included in your Nutrient Management Plan. (NOTE: This information is contained in your Nutrient Management Plan; attach list if necessary).

Watershed Name: _____ Estimated % of Land: _____ / Watershed Name: _____ Estimated % of Land: _____
Watershed Name: _____ Estimated % of Land: _____ / Watershed Name: _____ Estimated % of Land: _____

4. Agricultural Nutrient Management Plan & Soil Testing Cost Assistance

Pick the appropriate acreage category for your operation, then pick the rate based on a 1 year plan with updates or a 3 year plan*.

Acreage	Rates	Your Acreage – Ac. Adj.	= Base Acres	x	Rate based on acreage	Base Rate	Total Claim
Less than 500 acres	\$1.90 1 year	_____ - 0	= _____	x	\$1.90 = _____	+ \$ 0 =	_____
	\$5.70 3 year *	_____ - 0	= _____	x	\$5.70 = _____	+ \$ 0 =	_____
501-1000 acres	\$1.50 1 year	_____ - 500	= _____	x	\$1.50 = _____	+ \$ 950 =	_____
	\$4.50 3 year *	_____ - 500	= _____	x	\$4.50 = _____	+ \$2,850 =	_____
1001-2000 acres	\$1.30 1 year	_____ - 1000	= _____	x	\$1.30 = _____	+ \$1,700 =	_____
	\$3.90 3 year *	_____ - 1000	= _____	x	\$3.90 = _____	+ \$5,100 =	_____
More than 2000 acres	\$1.10 1 year	_____ - 2000	= _____	x	\$1.10 = _____	+ \$3,000 =	_____
	\$3.30 3 year *	_____ - 2000	= _____	x	\$3.30 = _____	+ \$9,000 =	_____

* For the 3 year rate a 3 year plan must be developed.

5. Years of Nutrient Management Planning

Year 1 Year 2 Year 3
20__ 20__ 20__

The undersigned agrees to indemnify and hold harmless the Delaware Department of Agriculture and the Delaware Nutrient Management Commission from any liability resulting from the utilization of program funds. Failure to comply with the terms of the Delaware Agriculture Nutrient Management Plan Cost Share Program or the duplication of any other nutrient management plan funding program may result in exclusion from payment of claims and liability for returning the full amount of claims paid. I understand the above nutrient applied land is to be managed under a nutrient management plan for three years. **This claim as submitted does not exceed the amounts incurred for nutrient management planning and soil sampling.**

6. ***Claim for payment with invoice of services must be submitted by May 1st unless an extension is granted.***

Signature _____

Date _____